

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



11111111 7707015 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

DEPT OF PERSONNEL ADM
C/O COT
PO BOX 3247
LONG BEACH CA 90803
PH: 562-986-4200 FAX: --

B. MRO Name, Address, Phone and Fax No.

DR DAVE LEWIS
FAX: 562-986-4201
P.O. BOX 3247
LONG BEACH CA 90803
PH: 562-986-4200 FAX: 562-986-4201

FORM ID: SAPH500037

*THIS CLIENT REQUIRES *
*THAT SPLIT SPECIMENS *
*BE SUBMITTED TO LAB *

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: _____ First: _____

E. Donor ID Verified:

☐ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (10) ☐ Promotion (22)

☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

() 6405N SAP 5-50 GC/HS () 2952N SAP 8-50 #83

H. Collection Site Name: _____

Collection Site Code: _____

Address: _____

City, State and Zip: _____

Collector Phone No.: _____

Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☐ Single ☒ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx

☐ Airborne ☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. () _____

Evening Phone No. () _____

Date of Birth

Mo. Day Yr.

<p>_____/_____/_____ Date (Mo. Day Yr.)</p> <p>_____ Donor's Initial's</p>	<p>CENTER OVER CAP</p> <p>(A)</p>	<p>_____/_____/_____ Date (Mo. Day Yr.)</p> <p>_____ Donor's Initial's</p>	<p>CENTER OVER CAP</p> <p>(B)</p>	<p>11111111 - 7707015 SPECIMEN ID NUMBER</p>	<p>11111111 - 7707015 SPECIMEN ID NUMBER</p>	<p>11111111 - 7707015 TRACKING LABEL</p>
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PRESS HARD - YOU ARE MAKING MULTIPLE COPIES